

# *Addressing the Prevention Needs of Youth*

## **Course Dates:**

July 24-25, 2006  
Columbia, SC

All trainings will begin promptly at 9 a.m.  
Participant sign-in is at 8:30 a.m.

## **Registration form**

### ***For registration, cancellation, or course Information contact:***

James Harris, Jr.  
STD/HIV Division Training Coordinator  
1751 Calhoun Street  
Columbia, South Carolina 29201  
Phone: 803-898-0480  
Fax: 803-898-0573  
Email: [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov)

***Deadline for registration is 15 business days  
prior to the training.***

## **Course Description:**

This 2-day training will prepare participants to provide counseling in a variety of settings to support young people in making behavior changes that will reduce their risk of acquiring or transmitting HIV; and address issues that relate specifically to youth.

## **Prerequisites:**

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- Test Decision Counseling, Result Counseling, and Risk Reduction Counseling or Fundamentals of HIV Prevention Counseling.

## **Audience:**

All Health and Human Services Providers

## **Instructor (s):**

Bill Hight, Ph. D

## **Training Hours:**

14

***Continuing Education Units available.***



## STD/HIV Division

### Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: \_\_\_\_\_

District or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Agency (check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept.       | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org.              | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections     |
| <input type="checkbox"/> DHEC Funded Prevention Contractor  |   | <input type="checkbox"/> Other _____     |

Mark the course date and location you are requesting:

#### *Addressing the Needs of Youth*

\_\_\_ July 24-25, 2006

Columbia, SC

\*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: \_\_\_\_\_
2. Date and location: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov). Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.